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ABSTRACT

This paper describes the Community Collaboration Project, a program in one rural Vermont community (Addison County) to maximize resources serving children with serious emotional disturbances. The project uses an interagency collaboration "wraparound" model which emphasizes consultation instead of direct services. The project utilizes an Interagency Support Team (IST) that provides consultation and training to community teams, focusing on both the individual student and broader systemic needs. The IST consists of a parent, an educator, a mental health clinician, and a social services consultant. The IST spent its first year in designing and conducting a community needs assessment and action plan. Currently the IST provides consultation services to community-based teams focused on 12 individual students and four broader systems issues. Evaluation of the model has been both quantitative and qualitative. Quantitative findings indicated significant decreases in teachers' perceptions of students' externalizing problems (e.g., aggressive behavior and/or delinquency), a trend toward increased social support from both informal and professional resources, and a perception of greater choice of services by the youth. Overall, there was a high degree of satisfaction with project involvement expressed by youth, parents, and service providers. Qualitative findings also supported participant satisfaction. (DB)

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Authors

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Introduction

The prevalence of youth demonstrating serious behavior problems continues to grow at an alarming rate, creating a tremendous challenge for our schools and communities (Sixteenth Annual Report to Congress, 1994). Given the dramatic cuts in human services for children and adolescents, there is a growing need to identify alternative models for delivering effective and accountable services for youth and families with fewer resources.

The Community Collaboration Project represents an effort to maximize resources within one community in rural Vermont by creating an interagency consultation model designed to maintain students with SED in their local schools and communities. The principles of "Wraparound" were applied to create community based consultation practices and interventions that were interagency focused, family-centered, individualized, strength based, preventative, and reflective of multiple life domains (Burchard & Clarke, 1990). The model emphasized consultation instead of direct service in order to serve a greater number of children and families and create broader systems change.

Model Overview

The foundation for this project was an Interagency Support Team (IST) which provided consultation and training to community teams, focusing on both the individual student and broader systemic needs. Project funds were used to gain release time for four members of the community: (a) family consultant &endash; a parent of a child who has experienced a serious emotional disturbance; (b) education consultant &endash; an educator representing the three supervisory unions in the county; (c) mental health consultant &endash; a clinician associated with the local community mental health center; and (d) social services consultant &endash; a representative of the district's social services department.

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For twenty hours per week, these four individuals were released from their current responsibilities to serve as the region's IST. The IST met regularly with the county's directors of mental health, social services and education to review patterns of need and identify policies and practices that posed barriers to effective inclusion of identified children and youth. To foster systems change on multiple levels, the IST spent its first year designing and conducting a community needs assessment and action planning process. Based on the information from this process, numerous workshops (e.g., collaborative teaming, conflict resolution, developing interagency coordinated service plans, and family advocacy) were offered on a regular basis throughout the county. In addition, the project was involved in the reorganization of community governance to better serve children and families. Concurrently, the IST provided consultation to community-based teams on issues concerning individual students and broader systems level concerns. The primary focus of this summary will be the consultation provided to community teams.

Methods

Participants

This project was implemented in Addison County, Vermont, a rural region in central Vermont, with a population of approximately 33,000. Three school districts, composed of 5161 students (grades K-12), received services. At the start of the project, 67 children and adolescents in Addison County were in out-of-home placements.

Referrals for consultation around both individual students and broader systems issues were accepted. For individual student referrals, the major criteria for acceptance included: (a) the student must be identified as having an emotional and/or behavioral disorder (as defined by either the special education definition or ACT 264 legislation, 1988); (b) the student must be at high risk of removal from his or her home, school, or community; and (c) there must be a willingness on the part of those involved to work together as a team, with the objective of trying to maintain the student within the community. With respect to system referrals, the criteria included: (a) the system's issues must impact on students with SED, and (b) there must be a willingness to work in a collaborative teaming fashion.

A total of 16 referrals were accepted involving 12 individual students and 4 broader systems issues. Individual referrals involved students in grades K-12. The families of these students reflected predominantly low socio-economic backgrounds (i.e., relatively low incomes, educational, and occupational status); over one-third were single parent homes, and one-third of the students were involved with social services. Of the systems' referrals, two came from special education staff, one from an early education program, and one from the staff at the local community

program, and one from the staff at the local community mental health center.

Project Interventions

Two project staff were assigned to each referral. For individual student referrals, the initial step included the formation of a planning team whose composition minimally included the student, the parents, educators, and service providers from relevant agencies. Weekly team meetings were encouraged to reinforce a preventative focus. Emphasis was placed on ensuring that parents were equal members of the teaming process. The second stage involved a comprehensive ecological assessment to gather background and current information reflecting all aspects of the student's life. The team focused on determining the student's strengths, as well as areas of need. Based on this information, a comprehensive plan was developed that built on these areas of strength, and addressed the needs of the student, the family, and the service providers. Resources were pooled from all of the involved agencies. Plans were monitored on an ongoing basis so that modifications could be made as necessary. The length of intervention varied according to the needs of the student and team.

System referrals also made use of a collaborative teaming model, with all key persons involved and meetings held on a regular basis. Similar to the process for individual referrals, an initial comprehensive assessment was completed to determine both the strengths and needs of the team members and the system aspects involved. Duration of intervention was dependent on need.

Evaluation Measures

Both quantitative and qualitative evaluation approaches were used to assess the efficacy of this model. With respect to the quantitative evaluation, all members of the team were given instruments to complete on a pre-post basis. The Consultation Satisfaction Questionnaire was used as a post assessment. All of the measures listed below were administered for individual student referrals. The Teaming Satisfaction and Consultation Satisfaction Questionnaires were given for systems referrals.

- Demographic Survey: assesses socio-economic indicators with respect to the student's family; completed by the parent(s).
- Child Behavior Checklist (CBCL; Achenbach, 1991), completed by the parent(s); Teacher Report Form (TRF; Achenbach, 1991), completed by the teacher(s); and Youth Self Report (YSR; Achenbach, 1991), completed by the youth if age 11 years or older: behavioral checklists used to obtain a global assessment of the student's emotional and social functioning.
- Family Support Scale (Dunst, Trivette, & Deal, 1988): a measure of perceived family support completed by the family.

completed by the family.

- Academic records: attendance, suspensions, academic performance, and achievement scores.
- Parent Satisfaction Survey and Youth Satisfaction Survey: both designed specifically for this project to assesses satisfaction with all services received; completed by parent(s) and youth respectively.
- Teaming Questionnaire: designed specifically for this project to assess satisfaction with the teaming process and interagency collaboration; completed by all team members.
- Consultation Satisfaction Questionnaire: designed specifically for this project to assess satisfaction with the services of project staff; completed by all team members.

The qualitative component of the evaluation consisted of semi-structured interviews with all team members for three select students to explore systems issues in a more in-depth fashion.

Results

Quantitative

According to the data from the CBCL, TRF, and YSR, significant pre- and post- differences ($p < .01$) were noted only with respect to teacher perceptions (see Table 1). In particular, significant decreases were reported on scales relating to externalizing problems (e.g., aggressive behavior and/or delinquency). No significant change scores were noted for the Internalizing scales on the TRF, nor for any of the broad-band scales of the CBCL or YSR. Data on academic performance is yet to be analyzed.

Based on the data from the Family Support Scale, there was a trend towards increased social support from both informal (i.e., extended family and/or friends) and professional resources. While this change score did not meet the traditional $p = .05$ cut-off, the p score of .10 is significant for this small sample size. Significant increases at $p < .05$ were also found with respect to almost all individual items on the Parent Satisfaction measure (see Table 2). Regarding teaming, parents felt more listened to, more involved in decision-making, more respected by other team members, experienced more equality as a team member, attended more meetings, and were satisfied with their child's progress. Increases in overall satisfaction and satisfaction with their family situation were noted at the $p < .10$ level. On the Youth Satisfaction Measure, the only significant item was an increase in perceived choice of services ($p < .05$). Overall, there was a high degree of satisfaction with project involvement from youth, parents, educators, and other service providers. On a 5 point Likert-type scale of Consultation Satisfaction, the mean group scores were as follows: (a) parents, 4.1; (b) youth, 5.0; (c) regular educators, 4.4; and (d) special educators, 4.3.

In terms of educational placement, at the time of referral, 10 students were served in their regular public school mainstream program, 1 was home-schooled, and 1 was served in an alternative education program within the regular public school. At the end of the project, 10 students were served within the regular public school, one was in an alternative education program, and one student was placed in a residential school.

Qualitative

The qualitative interviews complemented the above results. Consistent pro-active team meetings were viewed as a critical component in the success of a student's planning effort. Parents emphasized the importance of being viewed as equal team members, with equal decision-making power. The most successful efforts gave considerable support to the direct care providers (i.e., families, teachers, individual assistants, mental health workers, and social workers). Interagency composition of the team, willingness to share resources, and flexibility in planning were also associated with a greater likelihood of student success. The nature of the student's behavioral disability did not appear to be predictive of outcome.

Discussion

Based on these preliminary results, it appears that the interagency consultation model has the potential for being an effective use of resources for supporting children and adolescents with severe emotional disturbance within their local schools and communities. In this time of limited funding for education and human services, we can no longer afford to operate as independent agencies, each developing and implementing separate plans for youth and families. Through this model, agencies and families are encouraged to work together, building the capacity of direct line workers and maximizing the resources within a community.

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